

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 26 1933

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

28135

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1001

City St Louis Mo

Ward 12

File No. 7228

Registered No. 7228

St. Ward

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Hannah Lorenstein

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

June 25 - 1885

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

80

1

26

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Jewelry, watch

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Germany

MOTHER FATHER

13. NAME

Blindard H. Bauman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Germany

15. MAIDEN NAME

Ruth Goldsmith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Germany

17. INFORMANT (ADDRESS)

Wm Leo Bauman

18. BURIAL, CREMATION, OR REMOVAL

PLACE

6344 My down

DATE

8/23

19. UNDERTAKER (ADDRESS)

Wm Leo Bauman

20. FILED

AUG 22 1933

Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Aug 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from

Summe, 1930, to Aug 21, 1933

I last saw him alive on Aug 21, 1933. Death is said

to have occurred on the date stated above, at 5:45 AM

The principal cause of death and related causes of importance were as follows:

acute lymphatic leukemia
72A
107A
72A
Pneumonia
Date of onset about Aug 13

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hamilton Sale, M. D.

(Address) 372 Washington

